

Home and Well Survey

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Resident's Name **Ex. 6 - Personal Privacy**

Home Phone **Ex. 6 - Personal Privacy** Cell Phone: _____

Address: **Ex. 6 - Personal Privacy** _____

Email address: _____

Owner Information (If Different): _____

Number Of Household Residents/Age Groups:

Infants (Under Age 1) _____

Toddlers (Age 1-6) _____

Children (Age 7-12) _____

Adolescents (Age 13-18) _____

Adults (Age 18-65) 3

Seniors (Age 66+) _____



SDMS DocID

2180354

Components of Water Treatment System (if any): none

Well Information:

Type: Dug ☒ Drilled ☐ Well Depth: 4 ft Well Age: _____

Name of Driller/Service Company (If Known): N/A

Does anyone else share your well? No

Depth of surface casing: N/A Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen: N/A

Depth of pump in relation to total depth of the well: Surface

Well Repairs or Re-drilling in past 15 years: _____

Have you had your well tested in the past? Yes

If so, and you would be willing to share your results with the EPA, what results have been in your well water historically? Yes

high iron

Recent or past changes in water quality (taste, odor, appearance): _____

No

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Do you currently use your well water for drinking? Yes ☒ No ☐

Cooking? Yes ☒ No ☐

Bathing? Yes ☒ No ☐

Other household uses? _____

If you do not use your well water, what water source do you use? N/A

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☐

Other uses? Yes ☐ No ☐

When did this occur? _____

If so, who provides/provided the alternate water? N/A

Is there an agreement with the provider? _____

What event/condition prompted the use of alternate water? _____

When did this occur? _____

Gas lease with any company: Yes ☒ No ☐

If so, what is the status of lease: Current

Comments: _____

Also have Spring but don't use!